
From: Lena Young-Gallardo
Sent: Friday, September 23, 2022 2:16 PM
To: BSD-CBO List; BSD-FinMgrsMeet List; Persadmin List; Newpy List
Cc: BSD-ExecutiveStaffList
Subject: District Certification of CalPERS Retirement Applications
Attachments: CalPERS Employer Certification of Retirement Applications.pdf

Good afternoon,

Attached is the newly revised District Certification of CalPERS Retirement Applications form. This form replaces the CalPERS Form BSD-200 and BSD-200A that have been previously distributed to districts.

Here are a couple of reminders when completing this form:

- The employee's last day in paid status should be the last day the employee receives compensation. This is not necessarily the same day as when the employee receives their last pay warrant.
- The employee's separation date cannot be the same as the retirement date; it must be at least one day prior to it.
- Unused sick leave is to be reported in days not hours. The hours are always divisible by eight regardless of the employee's contracted hours.

Please discard any old forms you may have and begin using this new one. The form is also available on our website and can be found using this link:

https://www.sbcss.k12.ca.us/images/Documents/busServe/dfsForms/CalPERS_Employer_Certification_of_Retirement_Applications.pdf

For additional questions, please contact Michelle Johnston at Michelle.Johnston@sbcss.net.

Thanks,
Lena



Transforming lives through education

Lena Young-Gallardo, Director

District Financial Services

San Bernardino County Superintendent of Schools

760 E. Brier Drive, San Bernardino, CA 92408

P: 909.388.5701 | F: 909.388.5735

<http://www.sbcss.k12.ca.us>

San Bernardino County Superintendent of Schools
DISTRICT FINANCIAL SERVICES

DISTRICT CERTIFICATION OF CALPERS RETIREMENT APPLICATIONS
(FORMERLY CALPERS FORM BSD-200 AND BSD-200A)

SCHOOL DISTRICT: _____

MEMBER NAME: _____

SOCIAL SECURITY NUMBER: XXX-XX- _____

RETIREMENT DATE: _____

EMPLOYEE'S LAST DAY IN PAID STATUS **(NOT PAYROLL DATE)**: _____

EMPLOYEE'S SEPERATION DATE: _____

BALANCE OF UNUSED SICK LEAVE HOURS: _____

BALANCE OF UNUSED SICK LEAVE DAYS (HOURS ÷ 8): _____
(ex: 493 hours ÷ 8 = 61.630 days (round to third decimal place))

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

TITLE: _____

PHONE NUMBER: _____

FOR DFS USE	
DATE ENTERED INTO MYCALPERS	INITIALS